

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SCROLL NO.

FILED DATE

APPLICANT(A)

CLAIMS

| | AS FILED | | AFTER IN AMENDMENT | | AFTER IN AMENDMENT | | | AS FILED | | AFTER IN AMENDMENT | | AFTER IN AMENDMENT | |
|-----------------|----------|------|-----------------------|------|-----------------------|------|--|-----------------|------|-----------------------|------|-----------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | | | | | | 51 | | | | | |
| 2 | | | | | | | | 52 | | | | | |
| 3 | | | | | | | | 53 | | | | | |
| 4 | | | | | | | | 54 | | | | | |
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| 10 | | | | | | | | 60 | | | | | |
| 11 | | | | | | | | 61 | 1 | | | | |
| 12 | | | | | | | | 62 | | | | | |
| 13 | | | | | | | | 63 | | | | | |
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| 50 | | | | | | | | 100 | | | | | |
| TOTAL IND. | | | | | | | | TOTAL IND. | 2 | | | | |
| TOTAL DEP. | | | | | | | | TOTAL DEP. | 60 | | | | |
| TOTAL CLAIMS | | | | | | | | TOTAL CLAIMS | 168 | | | | |

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCROLL NO.

APPLICATION

FILING DATE

10/562296

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|--|----------|------|------------------------|------|------------------------|------|
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| TOTAL IND. | | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | | |